# Title 113 WAC CHIROPRACTIC DISCIPLINARY BOARD

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#### Chapter 113-10 WAC

### CHIROPRACTIC DISCIPLINARY BOARD CODE OF ETHICS

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#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

113-10-080 Educational material. [Order PL 235, § 113-10-080, filed 12/31/75.] Repealed by 79-10-099 (Order PL 315), filed 9/25/79. Statutory Authority: RCW 18-.26.110 (1) and (2).

WAC 113-10-010 Privileged communications. A chiropractor shall not, without the consent of the patient, reveal any information acquired in attending such patient, which was necessary to enable the chiropractor to treat the patient: *Provided*, That this shall not apply to the release of information in an official proceeding where the release of information may be compelled by law

[Order PL 235, § 113-10-010, filed 12/31/75.]

WAC 113-10-020 Patient abandonment. The chiropractor shall always be free to accept or reject a particular patient, bearing in mind that whenever possible a chiropractor should respond to any reasonable request for his services in the interest of public health and welfare.

[Order PL 235, § 113-10-020, filed 12/31/75.]

WAC 113-10-030 Consultation. In difficult or protracted cases consultations are advisable, and the chiropractor should be ready to act upon any desire the patient may express for a consultation, even though the chiropractor may not personally feel the need for it.

[Order PL 235, § 113-10-030, filed 12/31/75.]

WAC 113-10-040 Unethical requests. A chiropractor shall not assist in any immoral practice such as aiding in the pretense of disability in order to avoid jury or military duty, or the concealment of physical disability in order to secure favorable insurance.

[Order PL 235, § 113-10-040, filed 12/31/75.]

WAC 113-10-050 Patient welfare. The health and welfare of the patient shall always be paramount, and expectation of remuneration or lack thereof shall not in any way affect the quality of service rendered the indigent patient.

[Order PL 235, § 113-10-050, filed 12/31/75.]

WAC 113-10-060 Patient disclosure. Absolute honesty shall characterize all transactions with patients. The chiropractor should neither intentionally exaggerate nor minimize the gravity of the patient's condition, nor offer any false hope or prognosis.

[Order PL 235, § 113-10-060, filed 12/31/75.]

WAC 113-10-070 Degree of skill. The chiropractor owes his or her patient(s) the highest degree of skill and care of which he or she is capable. To this end the chiropractor shall endeavor to keep abreast of new developments in chiropractic and shall constantly endeavor to improve his or her knowledge and skill in the science and art or philosophy of chiropractic, as defined in chapter 18.25 RCW.

[Order PL 235, § 113-10-070, filed 12/31/75.]

WAC 113-10-090 Illegal practitioners. Chiropractors should safeguard their profession by exposing those who might attempt to practice without proper credentials, and by reporting violations of the laws regulating chiropractic to the proper authorities.

[Order PL 235, § 113-10-090, filed 12/31/75.]

WAC 113-10-100 Excessive professional charges. (1) A chiropractor shall not enter into an agreement for, charge, or collect an illegal or clearly excessive fee.

- (2) A fee is clearly excessive when, after a review of the facts, a chiropractor of ordinary prudence would be left with a definite and firm conviction that the fee is in excess of a reasonable fee. Factors to be considered as guides in determining the reasonableness of a fee include the following:
- (a) The time and effort required and the skill requisite to perform the chiropractic service properly:
- (b) The fee customarily charged in the locality for similar chiropractic services;
- (c) The experience, reputation, and ability of the chiropractor performing the services.

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(3) A chiropractor shall not prescribe nor perform any services which are not reasonably necessary in consideration of the patient's condition and shall furnish an ex-		113-12-040	Announcements of office openings. [Order 8, § 113–12–040, filed 9/9/68.] Repealed by Order PL 235, filed 12/31/75. Later promulgation, see WAC 113–12–045.
planation of the	of charges for chiropractic services upon he board.	113-12-045	Announcements. [Order PL 235, § 113–12–045, filed 12/31/75. Formerly WAC 113–12–040.] Repealed by 79–10–099 (Order PL 315), filed 9/25/79. Statu-
	thority: RCW 18.26.110. 84-01-054 (Order PL 453), § filed 12/16/83; Order PL 235, § 113-10-100, filed	113-12-050	tory Authority: RCW 18.26.110 (1) and (2). Material for distribution. [Order PL 235, § 113-12-050, filed 12/31/75; Order 8, § 113-12-050, filed 9/9/68.] Repealed by 79-10-099 (Order PL 315),
No chiropra	3-10-110 Disparaging other practitioners. actor shall falsely malign another practitioner ioner's method of practice.	113-12-060	filed 9/25/79. Statutory Authority: RCW 18.26.110 (1) and (2). Letterheads and cards. [Order 8, § 113-12-060, filed
•	•		9/9/68.] Repealed by Order PL 235, filed 12/31/75. Later promulgation, see WAC 113-12-065.
[Order PL 235	5, § 113–10–110, filed 12/31/75.]	113-12-065	Professional cards. [Order PL 235, § 113-12-065, filed 12/31/75. Formerly WAC 113-12-060.] Re-
•	Chapter 113-12 WAC		pealed by 79–10–099 (Order PL 315), filed 9/25/79. Statutory Authority: RCW 18.26.110 (1) and (2).
	BOARD RULESGENERALLY	113-12-070	Representations as to free services. [Order PL 235, § 113-12-070, filed 12/31/75; Order 8, § 113-12-070,
WAC			filed 9/9/68.] Repealed by 79-10-099 (Order PL 315), filed 9/25/79. Statutory Authority: RCW 18-
113-12-010	Identification.		.26.110 (1) and (2).
113-12-075	Health food store ownership.	113-12-090	Public relations advertising. [Order PL 235, § 113-
113-12-080	Vitamins, minerals and food supplements.		12-090, filed 12/31/75; Order PL-101, § 113-12-
113-12-085	Pelvic or prostate examination prohibited.		090, filed 10/5/70.] Repealed by 79–10–099 (Order
113-12-087	Intravaginal adjustment restricted.		PL 315), filed 9/25/79. Statutory Authority: RCW 18.26.110 (1) and (2).
113–12–101 113–12–103	Billing. Radiographic standards.	113-12-100	Billing. [Statutory Authority: RCW 18.26.110. 88–
113-12-103	Delegation of services to auxiliary staff and graduate doctors of chiropractic.	113 12 100	02-037 (Order PM 690), § 113-12-100, filed 12/31/87; 84-01-054 (Order PL 453), § 113-12-
113-12-115	Acupuncture.		100, filed 12/16/83; Order PL-125, § 113-12-100,
113-12-120	Future care contracts prohibited.		filed 6/2/72.] Repealed by 89-01-017 (Order PM
113-12-150	Ethical standards—Prohibited publicity and advertising.	112 12 110	806), filed 12/9/88, effective 2/1/89. Statutory Authority: RCW 18.26.110.
113–12–165 113–12–170	Ethical standards—Honoring of publicity and advertisements. Ethical standards—Prohibited transactions.	113–12–110	Prohibited practices. [Order PL-137, § 113-12-110, filed 11/13/72.] Repealed by Order PL 235, filed 12/31/75. Later promulgation, see WAC 113-12-
113–12–175	Ethical standards—Professional notices, letterheads,		115.
110 12 170	cards, and mailings.	113-12-130	Civic and charitable contribution recognition. [Order
113-12-180	Ethical standards—Suggestion of need of chiropractic services.		PL 235, § 113-12-130, filed 12/31/75.] Repealed by 90-08-035 (Order 046), filed 3/30/90, effective
113-12-190	Public testimonial advertising.		4/30/90. Statutory Authority: RCW 18.26.110.
113-12-195	Full disclosure of cost of services.	113-12-160	Ethical standards—Permitted publicity and advertis-
113–12–197	Improper billing practices.		ing. [Statutory Authority: RCW 18.26.110(2). 78-
113-12-200	Scope of practice—Revocation or suspension of license authorized for practice outside scope.		05-052 (Order PL 287, Resolution 78-142), § 113-12-160, filed 4/25/78.] Repealed by 90-08-035 (Or-
113-12-210	Clinically necessary x-rays.		der 046), filed 3/30/90, effective 4/30/90. Statutory
113-12-210	Records and x-rays and withdrawal from practice—		Authority: RCW 18.26.110.
	Maintenance and retention of patient records.	113-12-161	Ethical standards—Permitted identification of chiro-
113-12-230	Duties of a chiropractor who retires or withdraws from practice.		practor. [Statutory Authority: RCW 18.26.110(2). 78-05-052 (Order PL 287, Resolution 78-142), §
113-12-300	Mandatory reporting definitions.		113-12-161, filed 4/25/78.] Repealed by 90-08-035
113-12-310	Mandatory reporting.		(Order 046), filed 3/30/90, effective 4/30/90. Statu-
113-12-320	Chiropractic associations or societies.		tory Authority: RCW 18.26.110.
113-12-330	Insurance carriers.		
113-12-340	Professional liability carriers.	WAC 11	3-12-010 Identification. A chiropractor
113–12–350	Courts.		clearly identify himself as a chiropractor on

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

113-12-005	Uniform Disciplinary Act. [Statutory Authority: RCW 18.26.027. 84-23-034 (Order PL 496), § 113-
	12-005, filed 11/15/84, effective 8/1/85.] Repealed
	by 85-20-078 (Order PL 558), filed 9/30/85. Statu-
	tory Authority: RCW 18.26.027.
113-12-020	Telephone listings. [Order 15, § 113-12-020, filed
	5/16/69; Order 8, § 113–12–020, filed 9/9/68.] Re-
	pealed by 84-01-054 (Order PL 453), filed
	12/16/83. Statutory Authority: RCW 18.26.110.
113-12-030	Display of identification. [Order 8, § 113-12-030,
	filed 9/9/68.] Repealed by 79-10-099 (Order PL
	315), filed 9/25/79. Statutory Authority: RCW 18-
	.26.110 (1) and (2).

- (1) Must clearly identify himself as a chiropractor on his office signs.
- (2) All identification of chiropractic practice should be presented in a dignified manner and should not be sensational or misleading.

[Statutory Authority: RCW 18.26.110. 84–01–054 (Order PL 453), 113-12-010, filed 12/16/83; Order PL-137, 113-12-010, filed 11/13/72; Order 8, 113-12-010, filed 9/9/68.]

## WAC 113-12-075 Health food store ownership. (1) A chiropractor may own an interest in a retail outlet for the sale of health foods only on the following conditions:

(a) The chiropractor's office(s) or premises are so physically separated from the office(s) or premises of

the health food store that patients have a free and untrammeled access and exit to and from the chiropractor's office(s) or premises;

- (b) The chiropractor refrains from directly or indirectly or by inference referring, directing, suggesting or inviting a patient to purchase any dietary substance recommended for the normal regimen and rehabilitation of the patient (including vitamins, minerals and food supplements), from any health food store in which the chiropractor owns an interest.
- (2) Any chiropractor who fails to abide by the conditions set forth above will be subject to charges of unprofessional conduct for the illegal referral of patients within the meaning of RCW 19.68.030 which prohibits the receipt of compensation for such a referral by licensed chiropractors.

[Statutory Authority: RCW 18.26.110. 86-10-039 (Order PL 591), § 113-12-075, filed 5/5/86.]

- WAC 113-12-080 Vitamins, minerals and food supplements. (1) No chiropractor shall sell or dispense or permit to be sold or dispensed any vitamins, minerals or food supplements.
- (2) Dietary advice may include the recommendation of vitamins, minerals and food supplements as long as they are recommended for the normal regimen of the patient and not for treatment of a specific disease.
- (3) The chiropractor shall not receive any direct or indirect profit from the sale of vitamins, minerals and food supplements as provided in chapter 19.68 RCW.

[Statutory Authority: RCW 18.26.110. 86-10-039 (Order PL 591), § 113-12-080, filed 5/5/86. Statutory Authority: RCW 18.26.110(2). 84-23-033 (Order PL 497), § 113-12-080, filed 11/15/84; Order 8, § 113-12-080, filed 9/9/68.]

WAC 113-12-085 Pelvic or prostate examination prohibited. The physical examination to determine the necessity for chiropractic care does not include vaginal (pelvic) examination or prostate examination. Chiropractors are prohibited from performing such examination and from directing any agent or employee to perform such examination.

[Statutory Authority: RCW 18.26.110. 84-01-054 (Order PL 453), § 113-12-085, filed 12/16/83.]

- WAC 113-12-087 Intravaginal adjustment restricted. It shall be considered unprofessional conduct for a chiropractor to perform an adjustment of the coccyx through the vagina unless the following conditions are met:
- (a) The coccyx cannot be adjusted rectally or the patient is offered and declines the option of the rectal technique;
- (b) The coccyx adjustment is performed with the use of a disposable finger cot or rubber glove; and,
- (c) A female attendant is present at all times the patient is examined and the coccyx adjustment is being performed.

[Statutory Authority: RCW 18.130.050(1). 87-05-064 (Order PM 640), § 113-12-087, filed 2/18/87.]

WAC 113-12-101 Billing. (1) A chiropractor shall bill for examination, adjustment, or other therapeutic services utilizing the levels of service described below. When necessity is substantiated by documented subjective complaints, if any, objective findings, and when not a routine part of the chiropractor's examination or treatment procedures, board—approved chiropractic procedures which are preparatory to and/or complementary to the adjustment may be used in combination with the adjustment, or when adjustment is precluded by adequate clinical justification.

A chiropractor whose billing does not conform to these specified levels of service, or whose case records do not contain adequate documentation of subjective complaints, if any, objective findings to justify the level and type of service billed for, shall be considered engaging in unprofessional conduct.

(a) Complementary procedures defined: Those chiropractic services, performed by or at the direction of the chiropractor, which initiate or complete the process intended to normalize joint function, decrease muscle spasm, reduce edema or inflammation, increase joint mobility, increase soft tissue flexibility, reduce pain, and maximize the integrity of the fibrosis of repair.

Complementary procedures shall include the application of manual spinal traction, massage, neuromuscular rehabilitation, muscle stretch techniques, fitting of necessary spinal orthoses, heel lifts, and/or manual muscle goading techniques including trigger point therapy and transverse friction massage.

(b) Preparatory procedures defined: Those chiropractic services, which may not require the attendance of the chiropractor or his assistant, which induce local or general relaxation, decrease muscle spasm, increase circulation, reduce edema or inflammation, and in other ways prepare the patient.

Preparatory procedures shall include the application of spinal traction, intersegmental mobilization, heat, light, and/or cold.

(c) Complementary teaching procedures defined: Those complementary chiropractic teaching services, performed by or at the direction of the chiropractor, which train the patient in proper or improved methods of performing activities of work, posture, ambulation, or daily living.

Complementary teaching procedures shall include dietary advice, gait training, posture training, exercise training, body mechanics, ergonomic considerations, or instruction in the activities of daily living.

- (2) The necessity and rationale for examination, x-rays, or other diagnostic procedures, must be supported by documentation in the patient record of subjective complaints, if any, objective findings and assessment.
  - (3) Levels of service for chiropractic care:
- (a) Brief level of service. A level of service requiring documentation of an abbreviated history and/or examination supported by subjective complaint, if any, objective findings, the assessment, and plan for care. This level of service may consist of interprofessional or intraprofessional consultation regarding the assessment and care of the patient. When adjustment is precluded

by adequate clinical justification, preparatory procedures may be applied in the absence of an adjustment and billed at this level of service. Complementary teaching procedures may be applied and billed at this level of service.

- (b) Limited level of service (i.e., routine). A level of service pertaining to the evaluation of a circumscribed acute condition or the periodic reevaluation of an existing condition, with an interval history, examination, review of past care effectiveness, appropriate tests, and modification of plan for care, as indicated and supported by documentation of subjective complaints, if any, objective findings, and assessment. This level of service shall include a chiropractic spinal adjustment, unless the adjustment is precluded by adequate clinical justification. Complementary procedures (which may be accompanied by preparatory procedures) may be applied in the absence of an adjustment and billed at this level of service.
- (c) Intermediate level of service. A level of service pertaining to the evaluation of a new or existing condition, complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, that necessitates obtaining and/or evaluation of pertinent history, physical findings, diagnostic tests and procedures, and/or the application of the appropriate therapeutic management as indicated and supported by documentation of subjective complaints, if any, objective findings, and assessment; or a formal patient or family conference regarding patient chiropractic management, progress, and plan. This level of service may include the application of preparatory chiropractic procedures performed in addition to a chiropractic spinal adjustment.
- (d) Extended level of service. A level of service requiring an unusual amount of effort or judgment which may include detailed history, review of recorded records, examination, and/or a formal conference with patient or family, to determine the need for care, and is supported by documentation of subjective complaints, if any, objective findings, assessment, and plan for care. This level of service may include the application of complementary and/or complementary teaching chiropractic procedures, performed in addition to a chiropractic spinal adjustment.
- (e) Comprehensive level of service. A level of service providing an in-depth evaluation of a patient with a new or existing problem requiring the complete evaluation of chiropractic and other health data. This procedure may include the documentation of chief complaints, present conditions, family history, past health history, a complete chiropractic examination, to include neurologic and orthopedic findings, appropriate tests and procedures, and documentation of assessment and plan for care.

[Statutory Authority: RCW 18.26.110. 89-01-017 (Order PM 806), § 113-12-101, filed 12/9/88, effective 2/1/89.]

WAC 113-12-103 Radiographic standards. The following requirements for chiropractic x-ray have been established because of concerns about over-radiation and unnecessary x-ray exposure.

(1) The following should appear on the films:

- (a) Patient's name and age;
- (b) Doctor's name, facility name, and address;
- (c) Date of study;
- (d) Left or right marker;
- (e) Other markers as indicated;
- (f) Adequate collimation;
- (g) Gonad shielding, where applicable.
- (2) Minimum of A/P and lateral views are necessary for any regional study unless clinically justified.
- (3) As clinical evidence indicates, it may be advisable to produce multiple projections where there is an indication of possible fracture, significant pathology, congenital defects, or when an individual study is insufficient to make a comprehensive diagnosis/analysis.
- (4) Each film should be of adequate density, contrast, and definition, and no artifacts should be present.
- (5) The subjective complaints, if any, and the objective findings substantiating the repeat radiographic study must be documented in the patient record.
- (6) These rules are intended to complement and not supersede those rules adopted by the radiation control agency set forth in chapter 402–28 WAC, Use of x-rays in the healing arts.

[Statutory Authority: RCW 18.26.110. 89-01-017 (Order PM 806), § 113-12-103, filed 12/9/88, effective 2/1/89.]

## WAC 113-12-104 Delegation of services to auxiliary staff and graduate doctors of chiropractic. (1) Definitions:

- (a) Auxiliary staff: Personnel, except graduate doctors of chiropractic, who are working for or at the direction of a licensed doctor of chiropractic.
- (b) Graduate doctor of chiropractic: Graduates of an approved chiropractic college who have applied for a Washington state chiropractic license, and graduate doctors of chiropractic who have failed to pass the Washington state chiropractic examination within one year of applying for a Washington state chiropractic license may only perform auxiliary services. Graduate doctors who have had their chiropractic license suspended or revoked shall not be authorized to perform any auxiliary services.
- (c) Auxiliary services: Those services, excluding those practices which are restricted to licensed chiropractors, which may be needed for the support of chiropractic care.
- (d) Direct supervision: Having a licensed chiropractor on the premises and immediately available.
- (2) A licensed chiropractor may, within the confines of this section, delegate certain services to auxiliary staff and graduate doctors of chiropractic, provided that these services are performed under the licensed chiropractor's direct supervision. The supervising chiropractor shall be responsible for determining that auxiliary staff and graduate doctors of chiropractic are competent to perform the delegated services. The licensed supervising chiropractor must render adequate supervision so that the patient's health and safety is not at risk.
- (3) Auxiliary staff and graduate doctors of chiropractic shall not perform the following services:
  - (a) Detection of subluxation;

- (b) Adjustment or manipulation of the articulations of the spinal column or its immediate articulations;
  - (c) Interpretation or analysis of radiographs;
  - (d) Determining the necessity for chiropractic care;
- (e) Orthopedic or neurological examinations provided, graduate doctors of chiropractic may perform preliminary orthopedic or neurological examinations under the direct supervision of a licensed chiropractor.
- (4) Auxiliary staff and graduate doctors of chiropractic may perform the following auxiliary services: Preliminary patient history, height, weight, temperature, blood pressure, pulse rate, and gross postural observation (active spinal range of motion utilizing a generally accepted measuring device).

[Statutory Authority: RCW 18.26.110 and 18.130.050. 90-22-037 (Order 097B), § 113-12-104, filed 11/1/90, effective 12/2/90.]

### WAC 113-12-115 Acupuncture. No chiropractor shall:

- (1) Employ the use of needles in the treatment of a patient; or
- (2) Hold himself or herself out as practicing acupuncture in any form: *Provided*, That this prohibition shall not restrict a chiropractor who is also a certified acupuncturist pursuant to chapter 18.06 RCW from practicing acupuncture, provided that the chiropractor differentiates chiropractic care from acupuncture care at all times as is required by RCW 18.26.030.

[Statutory Authority: RCW 18.130.050(1). 87-05-064 (Order PM 640), § 113-12-115, filed 2/18/87; Order PL 235, § 113-12-115, filed 12/31/75. Formerly WAC 113-12-110.]

WAC 113-12-120 Future care contracts prohibited. It shall be considered unprofessional conduct for any chiropractor to enter into a contract which would obligate a patient to pay for care to be rendered in the future, unless the contract provides that the patient is entitled to a complete refund for any care not received.

[Statutory Authority: RCW 18.26.110. 84–01–054 (Order PL 453), § 113–12–120, filed 12/16/83. Statutory Authority: RCW 18.26.110 (1) and (2). 79–10–099 (Order PL 315), § 113–12–120, filed 9/25/79; Order PL–145, § 113–12–120, filed 6/6/73.]

WAC 113-12-150 Ethical standards—Prohibited publicity and advertising. (1) A chiropractor shall not, on behalf of himself, his partner, associate or any other chiropractor affiliated with his office or clinic, use or allow to be used, any form of public communications or advertising which is false, fraudulent, deceptive or misleading, including, but not limited to, such advertising which takes any of the following forms which are prohibited:

- (a) Advertising which guarantees any result or cure;
- (b) Advertising which makes claims of professional superiority;
- (c) Advertising which fails to differentiate chiropractic care from all other methods of healing;
- (d) Advertising for a service outside the practice of chiropractic as permitted in Washington.
- (2) A chiropractor shall, upon request made by the board, provide the board with substantiation of the truth

- and accuracy of any and all claims made in his or her advertisements.
- (3) Advertising is prohibited which offers gratuitous goods or services or discounts in connection with chiropractic services, unless the chiropractor provides a disclosure statement to be signed by the patient which explains:
- (i) When there will be a charge for goods and services;
- (ii) When the free services have been completed and that any additional services the patient requests are subject to charge; or
- (iii) When the discount has been exhausted and any additional services will be subject to full charge: Provided, That this subsection shall not be construed to relate to the negotiation of fee between chiropractors and patients or to prohibit the rendering of chiropractic services for which no fee is charged.

[Statutory Authority: RCW 18.26.110. 87–24–064 (Order PM 693), § 113–12–150, filed 12/1/87; 84–01–054 (Order PL 453), § 113–12–150, filed 12/16/83; 80–11–043 (Order PL–352, Resolution No. 8–80), § 113–12–150, filed 8/18/80. Statutory Authority: RCW 18.26.110 (1) and (2). 79–10–099 (Order PL 315), § 113–12–150, filed 9/25/79. Statutory Authority: RCW 18.26.110(2). 78–05–052 (Order PL 287, Resolution No. 78–142), § 113–12–150, filed 4/25/78.]

- WAC 113-12-165 Ethical standards—Honoring of publicity and advertisements. (1) If a chiropractor advertises a fee for a service, the chiropractor must render that service for no more than the fee advertised.
- (2) Unless otherwise specified in the advertisement, if a chiropractor publishes any fee information authorized under chapter 113-12 WAC, the chiropractor shall be bound by any representation made therein for the periods specified in the following categories:
- (a) If in a publication which is published more frequently than one time per month, for a period of not less than thirty days after such publication.
- (b) If in a publication which is published once a month or less frequently, until the publication of the succeeding issue.
- (c) If in a publication which has no fixed date for publication of the succeeding issue, for a reasonable period of time after publication, but in no event less than one year.

[Statutory Authority: RCW 18.26.110(2). 78-05-052 (Order PL 287, Resolution 78-142), § 113-12-165, filed 4/25/78.]

WAC 113-12-170 Ethical standards—Prohibited transactions. A chiropractor shall not compensate or give anything of value to representatives of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual chiropractor in a news item.

[Statutory Authority: RCW 18.26.110(2). 78-05-052 (Order PL 287, Resolution 78-142), § 113-12-170, filed 4/25/78.]

WAC 113-12-175 Ethical standards—Professional notices, letterheads, cards, and mailings. In his use of professional notices, letterheads, cards, and mailings, a chiropractor is subject to the same regulations of chapter

113-12 WAC which apply to his use of other print me-

[Statutory Authority: RCW 18.26.110(2). 78-05-052 (Order PL-287, Resolution 78-142), § 113-12-175, filed 4/25/78.]

- WAC 113-12-180 Ethical standards—Suggestion of need of chiropractic services. A chiropractor who has given in-person, unsolicited advice to a lay person that he should obtain chiropractic care shall not accept employment resulting from that advice except that:
- (1) A chiropractor may accept employment by a close friend, relative, former patient (if the advice is germane to the former treatment), or one whom the chiropractor reasonably believes to be a patient; and
- (2) Without affecting his right to accept employment, a chiropractor may speak publicly or write for publication on chiropractic topics so long as he does not emphasize his own professional experience or reputation and does not undertake to give individual advice.

[Statutory Authority: RCW 18.26.110(2). 78-05-052 (Order PL 287, Resolution 78-142), § 113-12-180, filed 4/25/78.]

- WAC 113-12-190 Public testimonial advertising. (1) Public testimonial advertising includes the use of a statement testifying as to a chiropractor's qualifications, abilities and character or to the value of chiropractic
- (2) The use of testimonial advertising will not be considered false or misleading if the following guidelines are met:
- (a) Testimonials must relate to patient care provided within the immediately preceding five-year period.
- (b) The testimonial should be documented by a notarized statement of the patient, a copy of which is kept by both the chiropractor and the patient.
- (c) The testimonial must be consistent with the history of the patient's care, including office records, examination reports and x-rays.
  - (d) Testimonials should not:
  - (i) Be exaggerated or misrepresented.
  - (ii) State that a technique or doctor is superior.
  - (iii) Claim specific cures.
  - (iv) Compare one chiropractor to another.
  - (v) Include a named diagnosis.

[Statutory Authority: RCW 18.26.110(2). 84-23-033 (Order PL 497), § 113-12-190, filed 11/15/84.]

- WAC 113-12-195 Full disclosure of cost of services.
- (1) This rule will apply to all representations made in public advertising regarding the provision of chiropractic services, including x-rays or chiropractic examinations, on a free basis or at a reduced cost. This rule will also apply to all billings or other written or oral communications regarding charges for chiropractic services whether made to patients, third party health care payors, or to any other person, firm, or governmental agency.
- (2) When a chiropractic service is represented in public advertising as available without cost or at a reduced cost that service must be made available to everyone who wishes to take advantage of the offer on an equal basis. No charge may be made to any individual or third

party health care payor for any services which have been provided on a free basis unless full disclosure is made.

- (3) All billings to third party payors for patients who are also being treated for an unrelated condition must fully disclose the additional treatment being provided and the charges for that treatment.
- (4) Billings to patients or to third party health care payors should accurately reflect the actual charge to the patient, including any discounts, reduced fees, or waiver of co-payment.
- (5) Because of the potential element of fraud being present, advertising full or partial forgiveness of coinsurance is prohibited unless the insurance company is given accurate and complete information relating to the actual charge to the patient and that coinsurance has been fully or partially waived.

[Statutory Authority: RCW 18.26.110. 89-16-095 (Order PM 852), § 113-12-195, filed 8/2/89, effective 9/2/89; 87-24-064 (Order PM 693), § 113-12-195, filed 12/1/87. Statutory Authority: RCW 18.130.050(1). 87-05-064 (Order PM 640), § 113-12-195, filed 2/18/87. Statutory Authority: RCW 18.26.110(2). 84-23-033 (Order PL 497), § 113–12–195, filed 11/15/84.]

- WAC 113-12-197 Improper billing practices. The following acts shall constitute grounds for which disciplinary action may be taken:
- (1) Rebating or offering to rebate to an insured any payment to the licensee by the third-party payor of the insured for services or treatments rendered under the insured's policy.
- (2) Submitting to any third-party payor a claim for a service or treatment at a greater or an inflated fee or charge than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.
- (3) Advertising any reduced or discounted fees for services or treatments or advertising any free services or treatments without prominently stating in the advertisement the usual fee of the licensee for the service or treatment which is the subject of the discount or free offering.

[Statutory Authority: RCW 18.130.050(1). 87-05-064 (Order PM 640), § 113–12–197, filed 2/18/87.]

WAC 113-12-200 Scope of practice--Revocation or suspension of license authorized for practice outside scope. (1) The chiropractic disciplinary board finds that over the past few years there has been an increasing number of persons licensed as chiropractors who have been practicing other healing arts while holding themselves out to the public as chiropractors to the detriment of the public health and welfare of the state of Washington and contrary to the legislative directive contained in RCW 18.26.010(5). The board further finds and deems it necessary to carry out the provisions of chapter 18.26 RCW that this rule be adopted to give guidance to members of the profession, and the public, in interpreting for purposes of application by the disciplinary board of RCW 18.26.030, the scope of health care which comes within the definition of chiropractic in RCW 18.25.005 and which is authorized under a license to practice chiropractic in the state of Washington.

- (2) RCW 18.25.005 defines the term "chiropractic" for purposes of chapters 18.25 and 18.26 RCW, as that practice of health care which deals with the detection of subluxations, which shall be defined as any alteration of the biomechanical and physiological dynamics of contiguous spinal structures which can cause neuronal disturbances, the chiropractic procedure preparatory to, and complementary to the correction thereof, by adjustment or manipulation of the articulations of the vertebral column and its immediate articulations for the restoration and maintenance of health; it includes the normal regimen and rehabilitation of the patient, physical examination to determine the necessity for chiropractic care, the use of x-ray and other analytical instruments generally used in the practice of chiropractic: Provided, That no chiropractor shall prescribe or dispense any medicine or drug nor practice obstetrics or surgery nor use x-rays for therapeutic purposes: Provided, however, That the term "chiropractic" as defined in this act shall not prohibit a practitioner licensed under chapter 18.71 RCW from performing accepted medical procedures, except such procedures shall not include the adjustment by hand of any articulation of the spine: And provided further, That nothing herein shall be construed to prohibit the rendering of dietary advice.
- (3) The board finds that the following diagnostic techniques and procedures, by whatever name known, are not within the definition of "chiropractic" as specified in subsection (2) of this section and in RCW 18.25-.005, and, consequently, a license to practice chiropractic does not authorize their use:
- (a) The use of x-rays or other forms of radiation for any other reason than to x-ray the human skeleton.
  - (b) The use of any form of electrocardiogram.
- (c) The testing and reduction to mathematical formulae of sputum and/or urine (commonly known as "Reams" testing).
  - (d) Hair analysis.
- (e) The use of a vasculizer or plethysonograph (commonly known as plethysmography) except for research purposes.
  - (f) The use of iridology.
  - (g) The taking of blood samples.
  - (h) Female breast examinations.
- (i) The use of any form of electromyography except for research purposes, and provided no fee is charged until proper protocol is established and approved by the chiropractic disciplinary board.

The above list is not to be considered exhaustive or to limit the board in any way from finding under the statutory definition in RCW 18.25.005 that any other diagnostic technique or procedure is outside the scope of chiropractic practice.

- (4) The board finds that the following treatment modalities, by whatever name known, are not within the definition of "chiropractic" as specified in subsection (2) of this section and in RCW 18.25.005 and, consequently, a license to practice chiropractic does not authorize their use:
- (a) Ultrasound, diathermy, high voltage galvanic therapy and x-rays or other radiation.

- (b) Colonic irrigation.
- (c) Extremity adjusting.
- (d) Electrotherapy.
- (e) The use of a transcutaneous electrical nerve stimulator (TENS).
  - (f) The use of the endonasal technique.
- (g) The use of any type of casting other than light body casting.
- (h) The use of meridian therapy, whether known as "acupressure," or the same type of therapy under any other names.
- (i) The use of hypnosis for any other than relaxation purposes.
  - (j) The use of clinical herbology.

The above list is not to be considered exhaustive or to limit the board in any way from finding under the statutory definition in RCW 18.25.005 that any other treatment modalities are outside the scope of chiropractic practice.

(5) The use by a chiropractor of diagnostic techniques or procedures or treatment modalities which are outside the definition of chiropractic in RCW 18.25.005, whether or not listed in this rule, or the use by a chiropractor of any of the diagnostic techniques and procedures listed in subsection (3) of this section or the use by a chiropractor of any of the treatment modalities listed in subsection (4) of this section shall constitute unprofessional conduct under RCW 18.130.180(12) which shall be good and sufficient cause for revocation or suspension of that chiropractor's license to practice chiropractic in Washington.

[Statutory Authority: RCW 18.26.110. 90–16–059 (Order 077) § 113–12–200, filed 7/27/90, effective 8/27/90; 88–17–100 (Order PM 765), § 113–12–200, filed 8/23/88; 87–24–064 (Order PM 693), § 113–12–200, filed 12/1/87. Statutory Authority: RCW 18.26.110(2). 84–23–033 (Order PL 497), § 113–12–200, filed 11/15/84. Statutory Authority: RCW 18.26.110. 81–13–002 (Order PL 380), § 113–12–200, filed 6/4/81.]

WAC 113-12-210 Clinically necessary x-rays. All offers of free x-rays should be accompanied by a disclosure statement that x-rays will only be taken if clinically necessary in order to avoid unnecessary radiation exposure.

[Statutory Authority: RCW 18.26.110(2). 84–23–033 (Order PL 497), § 113–12–210, filed 11/15/84.]

WAC 113-12-220 Records and x-rays and withdrawal from practice--Maintenance and retention of patient records. (1) Any chiropractor who treats patients in the state of Washington shall maintain all treatment records regarding patients treated. These records may include, but shall not be limited to treatment plans, patient charts, patient histories, correspondence, financial data, and billing. These records shall be retained by the chiropractor for five years in an orderly, accessible file and shall be readily available for inspection by the chiropractic disciplinary board or its authorized representative: Provided, That x-rays or copies of records may be forwarded pursuant to a licensed agent's written request. Also, office records shall state the date on which the records were released, method forwarded and to

whom, and the reason for the release. A reasonable fee may be charged the patient to cover mailing and clerical costs.

(2) A chiropractor shall honor within fifteen days a written request from an adult patient or their legal representative or that of a minor child to release original x-rays on a loan basis to other licensed health care providers or the chiropractor may provide duplicate films and may charge the patient reasonable duplication costs. Once the original films have been loaned at patient request, the chiropractor is no longer responsible for them, nor for their retrieval of subsequent production.

A chiropractor who has received original x-rays on a loan basis shall return them to the loaning chiropractor within sixty days unless other arrangements are made.

[Statutory Authority: RCW 18.26.110. 89-01-017 (Order PM 806), § 113-12-220, filed 12/9/88, effective 2/1/89.]

- WAC 113-12-230 Duties of a chiropractor who retires or withdraws from practice. Any chiropractor who ceases practice in his or her community for any reason, including retirement, illness, disability, or relocation shall comply with the following duties:
- (1) The chiropractor shall notify all current patients that he or she will not be able to provide chiropractic services and shall notify the patient to seek another chiropractor to continue their care.
- (2) The chiropractor shall offer to deliver to the patient, or to another chiropractor or licensed health care professional chosen by the patient, the originals or copies of all patient examination and treatment records and x-rays or notify the patient of a community area location where the records and x-rays will be maintained and accessible for at least one year after the notice is sent to the patient.
- (3) The chiropractor shall refund any part of fees paid in advance that have not been earned.
- (4) The board requests that the executor or executrix of a deceased chiropractor comply with the duties set forth herein to the fullest extent possible. The board staff will provide advice and assistance to such executor or executrix upon request.
- (5) For the purpose of this section, any relocation or restriction of practice which substantially interferes with a patient's reasonable access to his or her chiropractor should be cause for the chiropractor to comply with the duties set forth.
- (6) Willful failure to comply with this section shall be cause to suspend a chiropractor's license until the required duties are fulfilled.

[Statutory Authority: RCW 18.26.110. 89-01-017 (Order PM 806), § 113-12-230, filed 12/9/88, effective 2/1/89.]

#### WAC 113-12-300 Mandatory reporting definitions.

- (1) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130-.180 and 18.26.030.
- (2) "Board" means the chiropractic disciplinary board, whose address is:

Department of Licensing Professional Programs Management Division P.O. Box 9012 Olympia, WA 98504-8001

- (3) "Chiropractor" means a person licensed pursuant to chapter 18.25 RCW.
- (4) "Mentally or physically disabled chiropractor" means a chiropractor who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice chiropractic with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.26.110. 87-24-064 (Order PM 693), § 113-12-300, filed 12/1/87.]

- WAC 113-12-310 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.
- (2) A report should contain the following information if known:
- (a) The name, address, and telephone number of the person making the report.
- (b) The name, address, and telephone numbers of the chiropractor being reported.
- (c) The name of any patient whose treatment is a subject of the report.
- (d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.
- (e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.
- (f) Any further information which would aid the evaluation of the report.

[Statutory Authority: RCW 18.26.110. 87-24-064 (Order PM 693), § 113-12-310, filed 12/1/87.]

WAC 113-12-320 Chiropractic associations or societies. The president or chief executive officer of any chiropractic association or society within this state shall report to the board when an association or society determines that a chiropractor has committed unprofessional conduct or that a chiropractor may not be able to practice chiropractic with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.26.110. 87-24-064 (Order PM 693), § 113-12-320, filed 12/1/87.]

WAC 113-12-330 Insurance carriers. The executive officer of every insurer, licensed under Title 48 RCW operating in the state of Washington, shall report to the board any evidence that a chiropractor has charged fees

for chiropractic services not actually provided, or has otherwise committed unprofessional conduct.

[Statutory Authority: RCW 18.26.110. 87-24-064 (Order PM 693), § 113-12-330, filed 12/1/87.]

WAC 113-12-340 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to chiropractors shall send a complete report of any malpractice settlement, award or payment over thirty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured chiropractor's incompetency or negligence in the practice of chiropractic. Such institution or organization shall also report the payment of three or more claims during a year as the result of alleged incompetency or negligence in the practice of chiropractic regardless of the dollar amount of the payment.

[Statutory Authority: RCW 18.26.110. 87-24-064 (Order PM 693), § 113-12-340, filed 12/1/87.]

WAC 113-12-350 Courts. The board requests the assistance of all clerks of trial courts within the state to report all professional malpractice judgments and all criminal convictions of licensed chiropractors, other than for minor traffic violations.

[Statutory Authority: RCW 18.130.070. 87-24-064 (Order PM 693), § 113-12-350, filed 12/1/87.]